

What to Do While Waiting for Orthotics

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Quite often, patients require foundational support from custommade, functional orthotics in order to make lasting progress from their chiropractic care. In some cases, the need is to provide relief from lower extremity asymmetry and pain causing biomechanical imbalances. The question is: What should be done while we're waiting for a laboratory to create and return the custom-made orthotics that have been ordered? We certainly don't want to delay any patient's progress or deny relief.

There happens to be several very useful techniques that can be implemented before the orthotics arrive in the mail. I call these "interim techniques" (see Table 1), because they are helpful (and sometimes necessary) during that period of time between the determination of the need for orthotic support and the arrival of the patient's completed custom-made orthotics.

Time to Prepare

First of all, use the "pre-arrival" time to prepare the patient to tolerate corrective orthotic support. Have your patient use a golf ball to relax tight and tender muscles and loosen up the stiff connective tissue in preparation for wearing custom-made shoe inserts. The procedure is easy, takes little time and helps patients get "in touch" with their feet and lower extremities. Here's how this exercise works:

Golf ball exercise. Sit in a chair with a golf ball under your bare foot. Roll the ball in a circular motion with your foot, using as much pressure as is comfortable. Roll it from the front of your foot to the back, and along the arches and outer edges. In the morning, spend up to five minutes per foot doing this procedure and repeat in the evening.

Muscle Strengthening

Secondly, have the patient work on strengthening any weak muscles in the feet or ankles prior to beginning to use the orthotics. The basics are easy:

Towel scrunch. Instruct your patient to sit on a chair and place a towel or other cloth flat on the floor. The patient then "scrunches" the towel up with their toes. This exercise should be performed for six repetitions and at least once each day. Advise the patient to do this only on a wood or linoleum floor, since carpet will provide too much resistance.

Resistance exercises. Provide your patient with elastic, surgical-grade rubber tubing and instructions for correct performance of exercises for any weak or poorly coordinated muscle groups around the foot and ankle. Check to see whether the company making your patients' orthotics also can provide this exercise product. I have found that the most commonly useful exercises are tibialis posterior and inversion and

eversion.

Table 1

| Interim Techniques | Results |
|----------------------|--|
| Figure-eight taping | Supports medial arch, improves biomechanics. |
| Golf ball massage | Massage and mobilization of tight feet. |
| Low-dye taping | Restrictive support for symptomatic arches. |
| Resistance exercises | Strengthen weak foot and ankle muscles. |
| Towel scrunch | Improves arch strength and flexibility. |

Temporary Taping Procedures

And finally, when a patient really needs the support for the arches that the orthotics will provide, a simple taping procedure is an excellent temporary source of foot support. There are two basic techniques which have withstood the test of time and have helped thousands of patients over the years:

Figure-eight taping. This is the easiest taping technique for providing temporary support for the arches of the foot.¹ Athletic tape (1.5-2 inch wide) is applied to the lateral side of the leg 2 or 3 inches above the lateral malleolus and brought across the dorsum of the foot to the medial arch. The tape is then brought across the bottom of the foot, supporting the cuboid. Without drawing the tape tight, it is brought across the dorsum of the foot to the medial tibia at the level of the starting point. Apply two to four more strips for additional support, especially with heavier patients. Anchor strips around the lower leg will help to keep the tape in place.

Low-dye taping. This taping procedure particularly is useful for providing support for an athlete's strained arch, or for temporary relief of acute plantar fasciitis.² Athletic tape (1 inch wide) is applied to the lateral border of the foot, starting just proximal to the fifth metatarsal head. This tape is brought around the heel and lightly applied just proximal to the first metatarsal head. The first metatarsal head is then depressed in a plantar direction, taking care not to pronate the foot. Secure the tape at the first metatarsal head while it is in this position. Repeat with three or four more strips of tape. Finally, tie these strips down with circumferential strips running under the arch from the dorsolateral to the dorsomedial aspect of the foot.

Doctors who truly care for their patients will make sure the time spent waiting for the return of the custom-made orthotics is not wasted. The above techniques are very useful and should be considered in those patients who would benefit from support of the feet and ankles. Patients really appreciate it when their doctor goes the extra mile to ensure their comfort. And these procedures will help make the transition to the orthotics easier and smoother.

References

1. Greenawalt MH. *Spinal Pelvic Stabilization (4th ed.)*. Roanoke, Va: Foot Levelers, 1990:30-31.
2. Roy S, Irvin R. *Sports Medicine: Prevention, Evaluation, Management, and Rehabilitation*. Englewood Cliffs, NJ: Prentice-Hall, 1983:58.

